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A/Reissue

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# REISSUE PATENT APPLICATION TRANSMITTAL

<p>Address to:</p> <p><b>Assistant Commissioner for Patents</b>  <b>Box Reissue</b>  <b>Washington, DC 20231</b></p>	Attorney Docket No.	42390P3612R
	First Named Inventor	Kurt B. Robinson
	Original Patent Number	5,937,423
	Original Patent Issue Date (Month/Day/Year)	08/10/1999
	Express Mail Label No.	EL034435488US

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09/927210  
08/09/01

<p><b>APPLICATION FOR REISSUE OF:</b>          (check applicable box)</p> <p><input checked="" type="checkbox"/> Utility Patent    <input type="checkbox"/> Design Patent    <input type="checkbox"/> Plant Patent</p>	
<p><b>APPLICATION ELEMENTS (37 CFR 1.173)</b></p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56)          (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent          format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy)          (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</p> <p>6. Original U.S. Patent assigned?  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No          If Yes, check applicable box(es)  <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)  <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)    <input type="checkbox"/> Power of Attorney</p>	<p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.73(c).</p> <p>8. <input type="checkbox"/> Original U.S. Patent for surrender  <input type="checkbox"/> Ribbonded Original Patent Grant  <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>9. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449    <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. Other: .....</p>

## 15. CORRESPONDENCE ADDRESS

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Name (Print/Type)	Donna Jo Coningsby	Registration No. (Attorney/Agent)	41,684
Signature	<i>Donna Jo Coningsby</i>	Date	08/09/01

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Docket Number (Optional)

42390P3612R

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate	Other than a Small Entity Fee
(A) Total Claims (37 CFR 1.16(j))	(B) 42	**** 22 =	x \$9.00 =		or	x \$18.00 =	396.00
(C) Independent Claims (37 CFR 1.16(i))	(D) 7	* 7 =	x \$40.00 =			x \$80.00 =	560.00
Basic Fee (37 CFR 1.16(h))							\$355.00
Total Filing Fee						OR	\$710.00
							\$1,666.00

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate	Other than a Small Entity Fee
Total Claims (37 CFR 1.16(j))	*** 42	MINUS ** 20	* 22 =	x \$9.00 =		or	x \$18.00 =	1760.00
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS ***** 3	4 =	x \$40.00 =			x \$80.00 =	72.00
Total Additional Fee						OR	\$1832.00	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. 02-2666 in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-2666.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$1,832.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.**

August 09, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Donna Jo Coningsby

Typed or printed name